



**BOARD OF ACCOUNTANCY**  
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 WEB ADDRESS: <http://www.dca.ca.gov/cba>



## CERTIFICATION OF GRADES AND/OR LICENSURE

Reset

This form must be filled in by the state issuing the original license by written examination. If your originally issued license is not current, and you hold a valid license to practice in another state, this form must be completed by that state.

NAME		
CERTIFICATE NO. (PASSING EXAM ONLY)	DATE CERTIFICATE ISSUED	STATE
ORIGINAL LICENSE NO. (REGISTERED TO PRACTICE)	DATE ORIGINAL LICENSE ISSUED	STATE

### EXAMINATION REQUIREMENTS (Check All That Apply)

- ☐ Ethics Exam
- ☐ AICPA ☐ California CPA Foundation ☐ Other \_\_\_\_\_
- ☐ Examination prepared and graded by AICPA
- Have AICPA grades been modified in any way? ☐ Yes ☐ No
- If yes, please explain \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

### GRADES (Please list all grades: including failing grades)

DATE OF EXAM	CANDIDATE I.D. NO.	AUDITING	LPR (BUSINESS LAW)	FARE (THEORY OF ACCOUNTS)	ARE (PRACTICE)

### LICENSE STATUS (Check One)

- ☐ Individual is currently licensed to engage in public accounting practice through \_\_\_\_\_ (Expiration Date)
- ☐ Certificate is permanent; however, the licensee is not currently registered to engage in public accounting practice.
- ☐ The license is not valid.

**NEXT PAGE**

If the licensee is not authorized to practice or the license is not valid, please indicate the requirements to renew, register, or reinstate:

☐ Pay appropriate fee and/or post bond.

☐ Complete continuing education.

☐ Report acceptable public accounting experience.

☐ Other (please explain) \_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE REQUIREMENTS

Public Accounting Experience:

☐ Number of months of experience required prior to issuance of the Certificate: \_\_\_\_\_

☐ Number of months of experience required for registration to practice: \_\_\_\_\_

☐ No experience required.

## DISCIPLINARY ACTION

If any disclosable disciplinary action has been taken against this licensee, please describe:

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If registration to practice is handled by a separate agency, please request that agency to complete the appropriate portions of this form or provide the requested information to us.

(SEAL)

By

\_\_\_\_\_  
(Name of State Board)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**RETURN COMPLETED FORM DIRECTLY TO THE CALIFORNIA BOARD OF ACCOUNTANCY**